



AGRICULTURAL AND SOLID WASTE COMPLIANCE

Solid Waste Processing Facility and Transfer Station Inspection Report

2B1

State Form 48276 (R2/5-00)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Name of Facility: _____	Permit number: _____	County: _____
Date (month, day, year): _____	Time: _____	Time Out: _____
Inspected By: _____	Type of Inspection: _____	Compliance: _____

<input type="checkbox"/> 224 329 IAC 11-11-6(c) Permit Deviation/Modification	<input type="checkbox"/> 240 329 IAC 11-13-6(a)(2) Residue Test Results	<input type="checkbox"/> 256 329 IAC 11-21-8(2) Wash Down
<input type="checkbox"/> 225 329 IAC 11-13-1 Access Control	<input type="checkbox"/> 242 329 IAC 11-13-6(b) Records Maintenance	<input type="checkbox"/> 257 329 IAC 11-21-8(3) Overnight Storage of Waste
<input type="checkbox"/> 226 329 IAC 11-13-2 On-Site Roads	<input type="checkbox"/> 243 329 IAC 11-13-7 Use of Contingency Plan	<input type="checkbox"/> 258 329 IAC 11-21-8(4) Hazardous, Infectious
<input type="checkbox"/> 227 329 IAC 11-13-3 Signs	<input type="checkbox"/> 244 329 IAC 11-15-4(a) Manifest Preparation/Delivery	<input type="checkbox"/> 259 329 IAC 11-21-9(1) Safety Devices
<input type="checkbox"/> 228 329 IAC 11-13-4(a) Solid Waste Confined	<input type="checkbox"/> 245 329 IAC 11-11-6(c) Retaining Manifests	<input type="checkbox"/> 260 329 IAC 11-21-9(2) Recycling Storage
<input type="checkbox"/> 229 329 IAC 11-13-4(b) Storage	<input type="checkbox"/> 246 329 IAC 11-15-5(a) Receipt & Review of Manifest Copy	<input type="checkbox"/> 261 329 IAC 11-21-9(3) Holding Tank
<input type="checkbox"/> 230 329 IAC 11-13-4(c) Cleanliness	<input type="checkbox"/> 247 329 IAC 11-15-5(b) Acceptance from Transfer Station	<input type="checkbox"/> 262 329 IAC 11-21-9(4) On-Site/Up-To-Date Plans
<input type="checkbox"/> 231 329 IAC 11-13-4(d) Residues	<input type="checkbox"/> 248 329 IAC 11-21-3 Permits Required	<input type="checkbox"/> 263 329 IAC 11-21-10(1) Infectious Waste Storage
<input type="checkbox"/> 232 329 IAC 11-13-4(e) Salvaging	<input type="checkbox"/> 249 329 IAC 11-21-4(b) Monitoring of Municipal Incoming Waste	<input type="checkbox"/> 264 329 IAC 11-21-10(2) Permit Deviation/Modification
<input type="checkbox"/> 233 329 IAC 11-13-4(f) Salvage Storage	<input type="checkbox"/> 250 329 IAC 11-21-5(a) Random Inspections	<input type="checkbox"/> 265 329 IAC 11-21-10(3) Infectious Waste Packaging & Labeling
<input type="checkbox"/> 234 329 IAC 11-13-5(a) Vectors, Dust, Odors, Noise	<input type="checkbox"/> 251 329 IAC 11-21-5(b) Overview of Inspections	<input type="checkbox"/> 266 329 IAC 11-21-10(4) Infectious Waste Containers
<input type="checkbox"/> 235 329 IAC 11-13-5(b) Fire Equipment/Open Burning	<input type="checkbox"/> 252 329 IAC 11-21-5(c) Records On-Site	<input type="checkbox"/> 267 329 IAC 11-21-10(5) Infectious Waste Label/Packaged According to DOT
<input type="checkbox"/> 236 329 IAC 11-13-5(c) Communication System	<input type="checkbox"/> 253 329 IAC 11-21-6 Annual Report	<input type="checkbox"/> 268 329 IAC 11-21-10(6) Infectious Waste Delivery to Permitted Facility
<input type="checkbox"/> 237 329 IAC 11-13-5(d) First Aid Kit	<input type="checkbox"/> 254 329 IAC 11-21-7 Training	<input type="checkbox"/> 269 329 IAC 11-21-10(7) Infectious Waste Reusable Container Decontamination

<input type="checkbox"/> 238	329 IAC 11-13-5(e) Scavenging	<input type="checkbox"/> 255	329 IAC 11-21-8(1) Standing Water	
<input type="checkbox"/> 239	329 IAC 11-13-6(a)(1) Manifests, Quarterly Reports, SW Reports			

CHECK ITEMS ARE VIOLATIONS OF 329 IAC 11 OR IC 13-20 THAT MUST BE CORRECTED	
Comments:	
Last inspection date (month, day, year):	Violation at last inspection:
Received by:	